MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

McCready Memorial Hospital 269 So. Somerset Avenue Wiss Addition	eť
write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) McCready Memorial Hospital 3. NAME OF Gentrude SEX FORMAL OR OR RACE Institution (If nat in haspital, give street address) McCready Memorial Hospital 3. NAME OF BECKASED (Iype or pinn) 5. SEX Female White Widowed Divorced Divorc	1
McCready Memorial Hospital 269 So. Somerset Avenue 7 Month Peb. 3. NAME OF DECEASED (Type or print) Pemma 4. DATE Down Peb. 11 5. SEX Female White Widdle Female Widdle Female White Widdle Female Female Female Widdle Female Widdle Female Female First Gertrude 8. DATE OF BIRTH 9. AGE (in years) Findles birthory Months Days Hon Work Months Days Hon Crisfield, Maryland 13. FATHER'S NAME Levin H. Curtis 14. Mothers Maiden Name Levin H. Curtis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Tys. na, or unknown) (If yes give wor or dates of service) None 16. SOCIAL SECURITY NO. 220-44-8757 Mrs. Emily Taylor, Edgewater, Md. 2103' 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 19. WAS DUE TO Conditions, if any, which gave iss to immediate cause (o), istating the underlying cause lost. (b) Corcomination of the terminal disease Condition Given in Part I(a) 19. WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PERF YES 20. ACCIDENT WAS UNDERLYING CONTRIBUTING CIAUSE OF DEATH (FETTIRE FOORTH) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	1
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 38. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDE	ESIDENCE A FARM? NO
Female White WIDOWED DIVORCED Jan. 2, 1886 8 dast birthday) Yrs. Months Days How Divorced Div	Year 19 67
during most of working like, even if retired) School Teacher Education Crisfield, Maryland USA 14. MOTHER'S MAIDEN NAME Levin 'H. Curtis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor ar dates of service) None 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rt. 1, B. Wrs. Emily Taylor, Edgewater, Md. 2103' INTERVAL ONSE A ONSE A Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERF YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTICE WAS UNDERLYING CAUSE OF DEATH	DER 24 HRS. rs Min.
Levin H. Curtis Emma Berry	
(Yes, no, or unknown) (If yes give wor ar dates of service) None 220-44-8757 Mrs. Emily Taylor, Edgewater, Md. 2103' 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFIYES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
PART I. DEATH WAS CAUSED BY: TO X DUE TO	
rise to immediate cause (o), stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREFINATION OF CONTRIBUTING CONTRIBUTION CONTR	D DEATH
YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Part I ar Part II of item 18.)	
	NO [
20c. TIME OF INJURY Manth, Doy, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While at wark at wark at wark at wark	(State)
21. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I saw the deceased alive on_2/11/6719, and that death accurred at6.1.0M, fram causes and an the date sto	
220. SIGNATURE S, M. Penton M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 213 6	7
22c. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D. 22d. ADDRESS Crisfield, Maryland	
230. BURIAL, CREMATION, Burial, CREMATORY Feb. 13, 1967 Sunnyridge Cemetery 23d. Location (City or Town) (Caunty) Crisfield, Md.	(State)
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland DAFE F 2 0 1967 Climber Quel	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending anysican and campletely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 c TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician.

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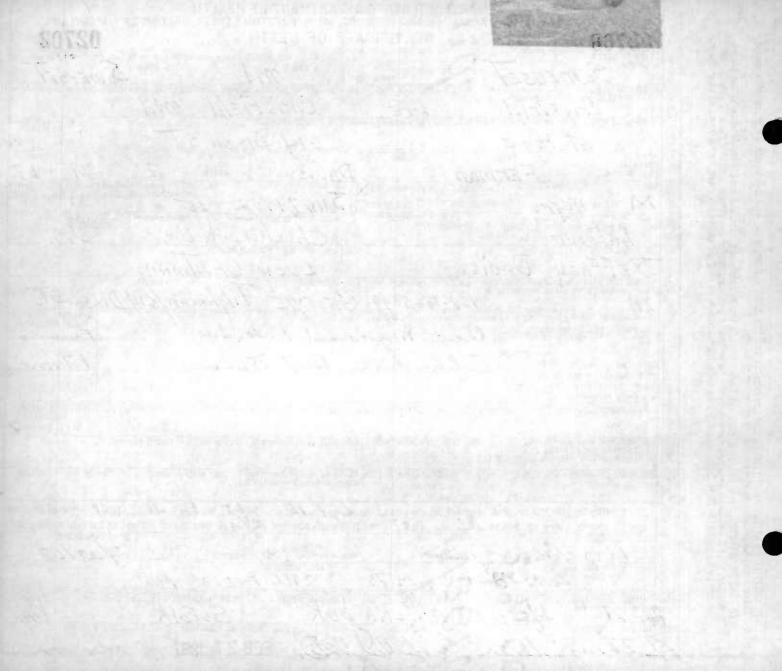
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BA	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
funeral and 2 death.	02706 CERTIFICATE OF DEATH	2702
1 and 2 ter death.	1. PLACE OF DEATH a. COUNTY So ME(SE) MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution; Residue a. STATE M. S	dence before admission)
raplease remove caroon papers. rages a car, and in any event, within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and COLISTIELD) COLISTIELD COLISTIELD	d give nearest town)
in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME DF First Middle Last 4. DATE Month OF OF DECEASED (Type or print) FF MAIN DAVIS DEATH 2	Day Year 2/ 1967
IIIy ever	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1Y	
	10a. USUAL OCCUPATION (Glye kind of work done 10b. KIND OF BUSINESS OR 11. BIRTIPLACE (County & State, or foreign country) 12. CITIZ	ZEN OF WHAT
removal,	13. FATHER'S NAME DEFFEY DAVIS 14. MOTHER'S MAIDEN NAME, LUCY CHAIMAN,	
5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) (\$27-18-5349) (FED COIF TIGHT OF THE NEW YORK)	n 57.
Dept. of Health prior to burial, cremation, or n	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cacut, Museum dial Imfanction [MEDIATE CAUSE (a)]	INTERVAL BETWEEN ONSET AND DEATH
Juliai, t	Conditions, If any, which) DUE TO Continuously at the A Dancing	17 mg.
	cause (a), stating the DUE TO underlying cause last.	
2		19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 at work at work at work 20d. INJURY OCCURRED factory, street, office bldg., etc.)	y) (State)
Time State Dept.		, that (I) (we) last
director, page 3 should be calculated with the State		SIGNED 3/47
ld be fi	22c. PHYSICIAN'S NAME (Type) A. N. BARR, M.P. 22d. ADDRESS CRISFIELD MD.	
shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2/26/07 Chucka puk Sufalk	UA.
1)	24. FÜNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S CHarles DATFEB 27 1967 (Charles	SIGNATURE
4		11 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02707 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Somerset Maryland Somerset MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)

Crisfield

Lifeti

d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) Lifetime (Rural) Crisfield d. STREET ADDRESS e. IS RESIDENCE ON A FARM? he State Der Office olong with farm in Item 18. Give Poges 1, RFD #1 YES NO X 24 hours after deoth. NAME OF First Middle 4 DATE Manth Doy Year DECEASED William 67 Dize. Jr. Feb. with the Sherman DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS 51 ast birthday) Mar. 11, 1915 White Male WIDOWED DIVORCED and 2 event 10o. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? in ony Trucking

13. FATHER'S NAME Maryland

14. MOTHER'S MAIDEN NAME USA certificate should be executed within in pencil William Sherman Dize, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war ar dates af service)

16. SOCIAL SECURITY NO. Novella Davis 17. INFORMANT Address removal, Mrs. Adeline Dize Crisfield. Md. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit Coronary occlusion 10 IMMEDIATE CAUSE (a) writing the ward cremation, DUF TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 10 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) factory, street, office bldg., etc.) Nat While moy be retoined for your FUNERAL DIRECTOR: Page at wark 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinian death resulted from: Natural causes X. Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER C. S. Rawley ACTUAL 22. DATE SIGNED 2/25/67 ASSISTANT MEDICAL EXAMINER SIGNATURE 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** C. G. Rawley, M.D. Crisfield.Md. Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City ar Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (Stote) 50 Som. 2/27/67 Asbury Cemetery Crisfield Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15ME (5) James Hinman Melarley Jud Crisfield, Md. MAR 1 DATE

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-		MARYLAND STATE DEP	ARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIM	AORE 1 MARYLAND
	6	2708 CERTIFICATE		02704
	1.	LACE OF DEATH COUNTY MARYLAND 2. MARYLAND	USUAL RESIDENCE (Where deceased lived, I	
		CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, wr	
		NAMI OF HOSPITAL OR INSTITUTION (it not in hospite), give street eddress)	CRISFIELD d. STREET ADDRESS	IS RESIDENCE
77	1	COREADY MEMORIAL HOSP	J. JOMERSET AV	ON A FARM? YES NO NO
	-	NAME OF DECEASED STORY First Middle H	Last 4. DATE Mon	3 - // 19 67
	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DA WIDOWED DIVORCED DIVORCED	ATE OF BIRTH 9. AGE (In year last birthday) 54 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.
	10a do	USUAL OCCUPATION (Give kind of work e during most of working life, even if retired) HOUSEWIFE HOUSE CONTROL TO THE PROPERTY OF THE PROPERTY	1. BIRTHPLACE (County & Stete, or foreign country	12. CITIZEN OF WHAT COUNTRY?
	13.		MOTHER'S MAIDEN NAME	222
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO. o, or unknown) ((1) years ive were orderes of service)	DRMANT	9DDING " O DISFIELD - MH
		18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) DUE TO (c)	Leg	INTERVAL BETWEEN ONSET AND DEATH 2 STORY 5 days
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **PART III. OTHER SIGNIFICANT CONTRIBUTIONS	the resture of injury in Part Lor Pert II of itym 18.	PERFORMED? YES NO
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. INJURY OCCURRED 20e. PLACE C fectory, at work at work	OF INJURY (Home, farm, 20f. (City or town) street, office bldg., etc.)	(County) (State)
		21. I certify that (I) (this hospital) attended the deceased from		and on the date stated above.
		220. SIGNATURE Q. n. Bawim. J M.D.	ATTENDING MED. STAFF	2/14/67 SIGNEE
1		PHYSICIAN'S A. N. BARR, M.D.	22d. ADDRESS CRISFIELD	MD. 21817
0	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR SUNNYRIDG	CREMATORY 23d. LOCATION (City,	town or county) (Stete)
d'	24	FUNERA DIRECTOR'S SIGNATURE HIMMON ADDRESS FUR. 17 Lavy Weble ERISTIELD	DATE FFB 17 196	REGISTRAR'S SIGNATURE 7 SCharles Judge
	-			11 11 11

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1		MARYLAND STATE DEPARTMENT OF HEALTH OP Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	18 A	MEDICAL EXAMINER'S CERTIFICATE OF DEATH UZ7U3
HEALTH	PEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE
		SOMERSET MARYLAND B. COUNTY SOMERSET
funeral may be	death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	art-r de	PRINCESS ANNE PRINCESS ANNE
920	Department after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
Page 7		MAIN STREET ON A FARM? YES NOX
dela nd	State hours	3. NAME OF First Middle Leat 4. OATE Month Cay Year
2, a	が な	OF CTYPE OF PRINTY LAURA EMMA FLEMING DEATH 726, 22 1967
三二四	within within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HRS
# 80 p		FEMALE WHITE WIOWED OIVORCED JULY 27.1884 82 (lest birthday) Months Days Hours Min.
it Pe	event	10e. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
irs after death. If als. Give Pages 1, along with form	-	NONE SNOW HILL, MD. U.S.A.
s alon	pages in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hours a tem 18. fice alor	d in	PETER S. SHOCKLEY LAURA SHOCKLEY
24 In It	File, and	15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
within pencil i	nit. oval	MISS LOTTIE FOOK SNOW HILL, MD.
	permit. I removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a) [b), end-(c).]
executed iding" in ical Exar	a burial-transit cremation, or	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) TO DE TERO DE TENDE DEATH OR SET AND DEATH
xect ling	trar ion,	4200 DUE TO
oe e oend ledii	rial	Conditions, if any, which gave rise to immediate (b) CONGESTIVE HEART FAILURE
T Ji	a bu	cause (e), stating the DUE TO
should I word "p	a s	underlying cause last.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ate the	used as to burial	PERFORMED YES NO.
tiffic to to	e to	YES NO YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
EXAMINER. This certificate should be exect the certificate, writing the word "pending should be forwarded to the Chief Medical flace.	nid be prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO PERFORMED YES NO PERFORMED YES NO PERFORMED YES NO PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
This war	3 shoul agent, p	
cate fo	8 8 8	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4
d b	CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
Shoul files	R:	death resulted from: Natural causes N. Accident , Suicide , Homicide , Undetermined manner
	RECTOR:	CHIEF MEDICAL EXAMINER
205		ACTUAL SIGNATURE (LECTION OF THE SIGNED ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
		SIGNATURE CONTROL OF THE STATE
	FUNERAL f Health o	NAME (Type) [[Address (Street, city, town, or county) At Miles
DEPU please director		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State)
2 - 0 -	E CO	BURTAL SPECIAL STATE AND SURTAL SPECIAL SPECIA
VR AL	5ME (5)	MARC 4007 Minutas Judge
5M	1/65	LEVIN R. WILSON PRINCESS ANNE, MD. DATE MAR 6 1967

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02710 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Poge 40 0 Somerset Maryland Somerset after deoth. MARYLAND delay and 3 t Department b. (ITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Cristield Lifetime Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs form DOA McCready Memorial Hospital 310 Myrtle Street ote tem 18. Give Pages NO X hours ofter death. 3. NAME OF with the Sto within 72 I First Middle 4. DATE Lost Month Dov Year DECEASED FREDERICK BURTON GERALD, SR. 1967 February 8. (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 80 ost birthdoy) Months Doys Hours White Oct. 17, 1886 Male WIDOWED DIVORCED event 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Ass't Postmaster Postal USA COUNTRY? Crisfield, Maryland any Service = 13. FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME be executed within = William Gerald ond Nancy Isabelle Sterling FILE = 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. removal, pending 218-20-9307 Mrs. Minnie B. Gerald, Same as 2. abcd No None CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 Ruptured abdominal aortic aneurysm IMMEDIATE CAUSE (o)_ minutes certificate should the certificate, writing the word cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), be forworded to DUF TO stating the underlying couse 0 00 last. burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? This (YES NO ogent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY | or CONTRIBUTING | should MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Poge pleose execute of work ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry ond in my opinion Suicide the funerol director. death resulted from: Natural causes & Accident Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2/10/67 TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health C. G. Rawley, M. D. Address (Street, city, town, or county) Crisfield. Maryland NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION 0 Burial (Specify) Crisfield, Maryland Feb. 11, 1967 Sunnyridge Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Bradshaw & Sons, Crisfield, Maryland

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1	Item 18 Film 386 3-6-6 MARY CAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19707
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Somerset 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY Maryland Somerset Maryland Somerset
cessary, funeral may be artment r death.	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
te e	Rural Princ essanne Life Rural Princess Anne, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
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any delay , 2, and 3 t. PM3. Page h the State D n 72 hours at	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) Lena Mae Harris DEATH Feb 18 19 67
ith. If an iges 1, 2 form P 2 with within	5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 Hr 1 1 1 1 1 1 1 1 1 1
with with and event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or industry 11b. Birthplace (state or foreign country) Princess Anne 12c. Citizen of What USA
18. Galong along a	13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME
De de la	William J Jones Leah Jane Wilson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 100, or unknown) (If yes give war or dates of service) 219 -03-1752 Charles Harris (Husband) Rt 3 P.A
should be executed within 24 word "pending" in pencil in Chief Medical Examiner's Oras a burial-transit permit. Firial, cremation, or removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO
ficate sho the word the Chii o the Chii used as to burial	underlying cause lest.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS' PERFORMED? YES NO
iting iting fed to fed to prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN THAT I (6) PERFORMED? YES NO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
R: The forw forw 3 sh agen	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
certil certil certil ss. ss.	21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and In my opini
ute ge 4 sh your fi	death resulted from: Natural causes 2, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE
UTY ME Executed for Part of For Salth or	EXAMINER'S NAME (Type) Everett SutterMD Address (Street, city, town, or county) Somerset
O DEPUTY please ex director. retained i proverse of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)
Dagin D	REMOVAL (Specify) 2-23-67 John Wesley Princess Anne, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5)	William H James III, Princess Anne, Monte FEB 24 1967 Icharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ay is 3 to Wicomico Somerset Maryland death. MARYLAND delay Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 pup write RURAL and give nearest town)
Marion Station after Parsonsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office along with farm hours State Highway 413 R.D.#1. (Shavox) YES NO ote hours ofter death. 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED 19 67 February within ROLAND HUDSON (Type or print) RANDOLPH DEATH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys 23 Hours WIDOWED DIVORCED Jan. 24, 1915 Male White 52 0 event CV 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Whaleysville. Maryland USA in ony poges Manager Dairy 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Charles Coster Hudson Florence West and 0 word 'pending' in the Chief Medicol Ext 豆 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clara E. Hudson (Wife) Mrs. Clara E. nudson ("Lee, R.D. #1, Shavox, Parsonsburg, Maryland (Yes, no, or unknown) (If yes give war or dotes of service) removal, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 Coronary occlusion IMMEDIATE CAUSE (o) ___ writing the word buriol, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a), forworded to DUE TO stoting the underlying couse 0 SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO YES please execute the certificate. its designoted ogent, prior to pe should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Your Not While FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X Inquiry X, and in my apinian for Natural causes X. Accident ... Suicide . Hamicide Undetermined manner the funerol director. death resulted fram: may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE February 20/1967 TO DEPUTY DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Dr. C. G. Rawley, Main St. Address (Street, city, town, or county) Crisfield. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23o. BURIAL CREMATION. (Stote) 50 REMOVAL (Specify)
Burial Parsonsburg, Maryland Feb. 21,1967 Parsonsburg Cemetery FUNERAL DIRECTOR
HOLLOWAY & COMPANY, SALISBURY, MARYLAND 2Sb. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

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death. funeral Department after fter death. If any delay Give Pages 1, 2, and 3 is with form PM3. Page State hours after along Item 18. EXAMINER: This certificate should be executed within 24 hours are certificate, writing the word "pending" in pencil in Item 18 should be forwarded to the Chief Medical Examiner's Office also a FUNERAL DIRECTOR: for your execute.

2 with within permit. burial-transit cremation, or cremation, used as a to burial, 3 should be agent, prior CTOR: Page Health director. retained of 0 VR AISME (5)

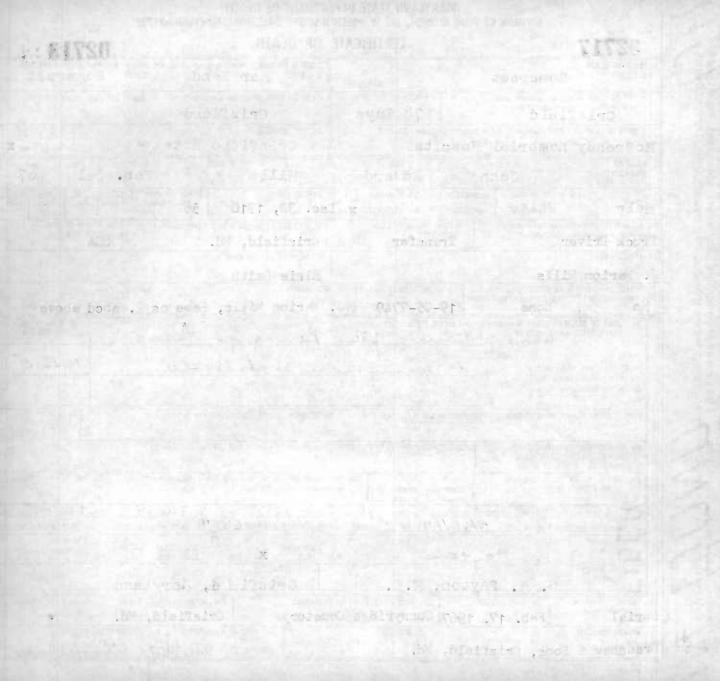
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. CDUNTYSomerset Maryland Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Dames Quarter Dames Quarter life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Main Road ND X at home 3. NAME OF DECEASED First Last DATE Month Day Year Middle R Luther Jones DEATH 67 (Type or print) Feb. 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. last birthdey) Months i Days male col 1891 Sept WIDOWED 10a. USUAL OCCUPATION (GIVe kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? retired
13. FATHER'S NAME Maryland
14. MOTHER'S MAIDEN NAME waterman TISA Wilbur W Jones Josephine Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. I 17. INFORMANT Address Quarter. Dames (Yes, no, or unkown) (If yes give war or dates of service) Dauthter Hilda Jones unknown no 18. CAUSE DF DEATH [Enter only one couse per line for (a), (b), end (c).] INTERVAL DETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cachexia IMMEDIATE CAUSE (a). DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO ceuse (a), atating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PERFORMED? NO TO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While at work at work X and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Everett SutterMD Somerset Address (Street, city, town, or county) NAME (Type) 23d. LDCATIDN (City, town or county) BURIAL, CREMATION. 23c. NAME OF CEMETERY DR CREMATORY DATE THEREOF REMOVAL (Specify) Macedonia Cemertery Dames Quarter, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Princess LeeR ebster Anne, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funeral and	er death		PLACE OF DEATH o. COUNTY Some	erset		MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary		lived, if instituti b. COUN	on: Residence before Some r	ore odmission) set
couted within 24 hours after deat completely filled in by the funeral condon papers. Pages I and	in 72 hours after	R	b. CITY OR TOWN (If outside under the CURAL COLORS of the C	field	c. LENGTH OF S Life ospital, give street address	9	c. CITY OR TOWN (If ou Rural, C:	tside corporote l	limits, write RUR	RAL ond give near	est town) 9 - / e. IS RESIDENCE ON A FARM?
ed within 2 pletely filled corbon pop	event, within 72	3.	(.) h h)		Middle Mi	Nelson	Lost DATE OF BIRTH		Februa GE (In years		1, 1967
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equires that the physicion. signed by the burial-transit	burial, cremoti		PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (o) DUE TO gove (b) E (o), DUE TO	line for (o), (b), and (c).)	lyes	anter	osch.	elec		NTERVAL BETWEEN INSET AND DEATH
The law ottending hos beer se os the	prior t	2 No.	lost.		BUTING TO DEATH BUT NO		HE TERMINAL DISEASE CON	NDITION GIVEN I	N PART I(o)		PERFORMED? YES NO
G PHYSICIAN: the hospital or this certificate detached for u	of Hea	L CERTIFICATION	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICA	SE OF DEATH	20b. DESCRIBE HOW INJU		inter noture of injury in	Port I or Port II	of item 18.)		7.5
d by the hardfler this date of the detach	te D	MEDICAL	20c. TIME OF INJURY Mo Hour o.m. p.m.	19	20d. INJURY OCCURRED While Not While ot work of work	focto	OF INJURY (Home, form ry, street, office bldg., etc.)		City or town)	(County)	(Stote)
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Poge 4 nr FUNER director.	should	L	BURIAL CREMATION,	23b. DATE THEREOF Feb. 26,	1967 Asbur	cemetery or c	eterv	Cris	TION (City or Too field,	Somers	et, Md.
VR A15	(4)	3	FUNERAL DIRECTOR	Mars Ra	Crisable S. Some	erset"	Ave 250. REC'I			GISTRAR'S SIGNATI	

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1	Division of STATIS		PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, A	MARYLAND 21201
FOR STATE	02713 Item #9 F	"Im #G387 1/13/67 no	CERTIFICATE OF DEATH	04223
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY SOME (SET	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if a. STATE MA	institution: Residence before odmission) b. COUNTY SOME (SET
PM3: Post	b. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town) Crisfield	Lifetime	c. CITY OR TOWN (If outside corporate limits, w	Ad 19.1
TIE ON IN	d. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospitol, give street oddress)	d. STREET ADDRESS ST	e. IS RESIDENCE ON A FARM? YES NO
deo re Po rh 72	DECEASED (Type or print)	rst Middle	TAY OF DEATH	Month Poy Year 13 19 67
	S. SEX 6. COLOR OR RACE NBGT6	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		Yrs.
	10o. USUAL OCCUPATION (Give kind of work done during most of working the, even if retired) 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD	11. BIRTHPLACE (Stote or foreign country) MATION MODELLE STORY MODELLE STORY	12. CITIZEN OF WHAT COUNTRY? U.S.
with per xon nd nd	LEWIS TAYLOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIDEN NAME ROSIE THY TO THE INFORMANT	MArion Md.
	(Yes, no, or unknown) (If yes give wor or dotes	216-14-2661 7	IlliE Rolley	Marion Mcl.
d be ex d 'pen Chief M ronsit p	18. CAUSE OF DEATH (Enter only one con PART I. OEATH WAS CAUSED BY: 9.3.3.8 IMMEDIATE CAUSE	(o) Due to expos	sure	INTERVAL BETWEEN ONEL AND DEATH S
INER: This certificate should be executed certificate, writing the word "pending" is should be forworded to the Chief Medical files. 3 should be used as a burial-transit permit. It prior to burial, cremation, or removal,	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse	(b) Getting stuck	r in mud hole	24hours
certifico , writing orworded used os buriol, c	PART II OTHER SIGNIFICANT CONDITIONS ((c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
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	20c. TIME OF INJURY Month, Ooy, Year	20d. INJURY OCCURRED 2 20e. PLA	(Enter noture of injury in Port I or Port II of item Dundered into marsh nud hole CE OF INJURY (Home, form, 20f. (City or to	own) (County) (Stote)
L EXAN cecute the Page 4 for your NR: Page ated oge	I D p.m.	67 While Not While to foot of work to it	I III C III III	Inquiry K, and in my apinion
MEDICAL EXAMINER: This seleose execute the certificate director. Page 4 should be fetained for your files. DIRECTOR: Page 3 should be sedesignated ogent, prior to	death resulted from: Notur			ned manner
DEPUTY MEACAL EXAM recessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page calth or its designated age	ACTUAL SIGNATURE EXAMINER'S EXAMINER'S	With the second	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED Somerset 4-5-67
TO DEPUTY ME necessory, plec the funeral dir 5 may be reta TO FUNERAL DII Health or its d	NAME (Type) Evertt 230. BURIAL, CREMATION, REMOVAL (Specify)	Sutter EREOF 23c. NAME OF CEMETERY OR	Address (Street, city, town, or county) CREMATORY 23d OCATION (Cit	y or Town) (County) (Stote)
VR A15ME (50)	24. FUNERAL DIRECTORY Vallous & 16	Jane Custolo	MA PR 7 1967	25b. REGISTRAR'S SIGNATURE YELLOWSES YELLOWSES

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02720 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission n. COUNTY a. STATE b. COUNTY Maryland Somerset MARYLAND Somerset deloy b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)

Crisfield c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) pup Lifetime with the State Departity within 72 hours ofter Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, Office alang with farm Tyler St. 308 YES NO SE 3. NAME OF Middle 4. DATE Month Last Day Year DECEASED OF TURPIN 1967 RALPH 0. Feb. (Type or print) DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Last birthday) Months Doys Hours Jan. 14, 1926 Negro Male WIDOWED DIVORCED 24 hours event 11. BIRTHPLACE (State or fareign cauntry) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Maryland d "pending" in pencil in Chief Medical Exominer's poges in on pencil 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Laura Stevenson Walter Turpin File Address t. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dotes of service removal Samuel R. Turpin Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Gastric hemorrhage 10 IMMEDIATE CAUSE (a). writing the word burial, cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stating the underlying couse nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate. NO its designated agent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING STEAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) While FUNERAL DIRECTOR: Poge at wark 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection X. Inquiry and in my apinion death resulted fram: Natural couses [X]. Accident []. Suicide []. Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** C. G. Rawley, M.D. Crisfield, Md. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION. (County) (State) 0 REMOVAL (Specify) Som. Md. Crisfield 2/16/67 Asbury Cemetery 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Crisfield, Md. Marlen Anthony E. Ward

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02721 of filled in by the funeral papers. Pages 1 and 2 within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b COUNTY Somerset Maryl and Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 24 hours Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? McCready Memorial Hospital completely filled RT YES NO IX be executed within NAME DE Middle 4. DATE Last 67 DECEASED Bertha Tyler Feb. M (Type or print) DEATH 6. COLOR DR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Hours White Female Aug. 9, 1892 WIDOWED DIVDRCED 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)

HOUSEWITE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT USA COUNTRY? None Maryland certificate 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remaval, Mary E. Ward Steven E. Sterling attending p 1S. WAS DECEASED EVER IN U.S. ARMED FDRCES? requires that the death 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, ar unknawn) (Iff yes give wor or dotes of service) 212-10-4475H J. Harlan Tyler, Same as 2. abcd above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO years Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been eracned tar use as the Dept. of Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Hame, farm, 20f. (City ar town) 20c. TIME OF INJURY Manth, Day, Year (Caunty) (Stote) Haur a.m. factory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram 19 , that (1) (we) las . to directar, page 3 shauld shauld be filed with the and that death accurred at 5: 20M, fram causes and an the date stated above saw the deceased alive an 2/15/67 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) C. G. Rawley, M.D. Crisfiel d, Maryland

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

24. FUNERAL DIRECTOR

23o. BURIAL CREMATION

Bull MOVAL (Specify)

Bradshaw & Sons, Crisfield, Md.

Feb. 18, 1967

23b. DATE THEREOF

Sunnyridge Cemetery Crisfield, Md. 2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

(County)

(State)

23d. LOCATION (City or Town)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02722 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Maryland b. COUNTY Somerset 1. PLACE OF DEATH o. COUNTY o. STATE Maryland rely filled in by the function bar papers. Poges 1 c/within 72 haurs offer d Somerset MARYLAND 24 hours ofter b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) 50 yrs. 1/0/1/2//s Crisfield Crisfiel d d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)
McCready Memorial Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in nove carbor paper Main Street YES NO IX be executed within 3. NAME OF Middle DATE Year 1967 Willey Edgar DECEASED C OF 16 Feb. (Type or print) DEATH 6. COLOR OR RACE White IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Male lost birthdoy) Jan. 29, 1886 Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
Waterman 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY Seafood USA USA requires that the death certificate Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal, Frank Willey Sarah Elizabeth Frazier permit. The 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na, or unknawn) (If yes give war or dates af service) 214-36-5382 Mrs. Fannie Ward, Crisfield, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Emplesama IMMEDIATE CAUSE (a) Leary be retained by the hospitol or ottending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use CERTIFICATION Health NO TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the Stote Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. Nat While factory, street, affice bldg., etc.) at work 21. I certify that (I) (this haspital), attended the deceased fram_______, 19____, to______, 19____, that (I) (we) lass aw the deceased alive on______, 2/16/67_19____, and that death occurred abstract above 220. SIGNATURE 22b. DATE SIGNED Ranter ATTENDING PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) C. G. Rawley, M.D. Crisfield, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) Bu REMOVAL (Specify) Crisfield, Md. Feb. 19, 1967 Sunnyridge Cemetery 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles DATE EEB 20 Bradshaw & Sons. Crisfield. Md.

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